



Water Use Measurement Form #1 Open Channel and Pressurized Systems

Please fill out Form #1 for each measuring device you have.

C52-160822CL

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Water Right Number: CLAIM # 160822

Certificate/Permit Number: _____

Source of Water: WHITE RIVER

PUGET SOUND ENERGY
(Name of water right holder)

User's name for diversion/withdrawal point; (e.g. Well #1, Blue well house) WHITE RIVER HEADWORKS

Does this measuring device measure water from more than one source of water (e.g. several springs, creeks, or wells in different aquifers)? Yes _____ No X

Does this measuring device measure water from more than point of diversion or withdrawal but still from the same source? Yes _____ No X

The following water rights are measured through this measuring device: WATER RIGHT CLAIM 160822

INFORMATION ON THE LOCATION OF MEASURING DEVICE

WRIA 10 Section 2 Township 19N Range 6 (E) _____ (W) NE (1/4) NW (1/4) Govt. Lot _____

DOH WFI # (for public drinking water systems) _____ DOH Source # _____

Well tag number (if available or applicable) _____

Latitude and longitude of device in decimal degrees or degrees, minutes, seconds (if available):

Latitude 47° 10' 12" Longitude 122° 0' 12"

Horizontal Datum (e.g. WGS84, NAD27) 661 ft NAD27

Is the diversion or withdrawal located at the same place as the device (within 100 feet)? Yes ✓ No ✓
(gates) (Acoustic & USGS)

If no, provide the location of the diversion or withdrawal in decimal degrees or degrees, minutes, seconds (if available)

Latitude _____ Longitude _____

Horizontal Datum (e.g. WGS84, NAD27, NAD83, etc.) _____
Acoustic & USGS Station 12099000 co-located at Latitude 47° 10' 19" Long. 122° 01' 13" at elevation 650 ft NAD27

INFORMATION ABOUT THE MEASURING DEVICE

① Type of device: Twin stoney gates with recorded staff gage Brand of device: openings and forebay elevation (Druck)

② Model Number: _____ Serial Number: _____

③ Most recent date device was calibrated: (MM/DD/YYYY) Verified against acoustic flowmeter located in flowline 4000' downstream but subject to sediment deposition; USGS station at same location

If a surface diversion, does the diversion have a fish screen? Yes X No _____ N/A _____

If any of the following events occurred within the last year, check the appropriate box and provide a short explanation.

☐ Device Roll-Over ☐ New device ☐ Device repair ☐ Other _____

I hereby certify that all information reported on this form is correct to the best of my knowledge.

Printed Name: ROBERT S. BARNES

Position: PROGRAM MANAGER WATER RESOURCES

Signature: [Signature] Date: 11/29/2007

If you have special accommodation needs or require this document in alternative format, please contact the Southwest Regional Office at 360 407-6300 (voice) or TTY at 711 or 1-800-833-6388.